

The Public Service Commission State of South Carolina

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COMMISSIONERS
Comer H. "Randy" Randall, Third District
Chairman
Florence P. Belser, Second District
Interim Vice Chairman
John E. "Butch" Howard, First District
Thomas J. "Tom" Ervin, Fourth District
Swain E. Whitfield, Fifth District
Justin T. Williams, Sixth District

G. O'Neal Hamilton, Seventh District

Administrative Department

Jocelyn Boyd Chief Clerk/Executive Director Phone: (803) 896-5133 Fax: (803) 896-5246

January 22, 2020

Phone: (803) 896-5100 Fax: (803) 896-5246

Lorenda M. Younger	
Columbia, SC	

Dear Lorenda Younger,

This is to acknowledge receipt of your Letter of Protest/Comments to the Public Service Commission of South Carolina. Your Letter of Protest/Comments will be placed in the Protest File of the Docket listed below and on the Commission's Website at www.psc.sc.gov.

 <u>Docket No. 2019-281-S</u> - Application of Palmetto Utilities, Incorporated for Adjustment (Increase) of Rates and Charges, Terms and Conditions, for Sewer Service Provided to Customers in Its Richland and Kershaw County Service Areas

A Protestant is an individual objecting on the ground of private or public interest to the approval of an Application, Petition, Motion or other matters which the Commission may have under consideration. A Protestant may offer sworn testimony but cannot cross-examine witnesses offered by other parties.

According to the Commission's Rules of Practice and Procedure, filing a Protest does not make you a Party of Record. A Protestant desiring to become an Intervenor (i.e., a Party of Record) in a proceeding before the Commission may file a Petition for Intervention within the time prescribed by the Commission.

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If we may be of further assistance to you, please do not hesitate to contact us.

Sincerely, Becky Latimer

Complete Form, Print, Sign and Mail to:

Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29210



Phone: 803-896-570 F ix: 803-896-579 www.psc.sc.go Text PSCAC ENDAS to 3949

Individual Complaint Form

To receive an alert when Meetin; Agendas are release

Date*: 01/14/2020	OR.
Complainant or Legal Representative Information: * Required Fields	PR
Name * Lorenda M. Younger	PROCESSING
Firm (if applicable)	SS
Mailing Address *	- Z G
City, State Zip * Columbia SC 29229 Phone * E	ı
E-mail	2020
Name of Utility Involved in Complaint: * Palmetto Utilities	Jan
The Complete of the Complete o	
Type of Complaint (check appropriate box below.) *	ج N
☐ Billing Error/Adjustments ☐ Deposits and Credit Establishment ☐ Wrong Rate ☐ Refusal to C ☐ Disconnection of Service ☐ Payment Arrangements ☐ Water Quality ☐ Line Extens	on Issue
Service Issue Meter Issue	on Issue ?.46
Other (be specific) Increase in monthly rate from \$52.10 to \$66.62	P_
Have you contacted the Office of Regulatory Staff (ORS)? * Yes No Name of ORS Contact:	
	SCP
Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if	iecessary.)
I am referencing Docket No. 2019-281-S. I was not happy that my rate went from \$26.50 to \$52 now they want to raise it to \$66.62. Absolutely NOT. I am single and barely make ends meet as cost to live is increasing but our salaries are NOT. When does it stop!?! I am being told that mo already set aside for Palmetto Utilities to repair pipes and other things that needed to be taken of the lost increase.	.10. And 2019 it is. Our 39
already set aside for Palmetto Utilities to repair pipes and other things that needed to be taken c the last increase, was used for beautification efforts.	are of with $\frac{28}{2}$
the last morease, was used for beautification efforts.	Ś
	Page
Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)	
lam asking that increase NOT be approved."	တ
*I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS CO TŞ CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov), AND I UNDERSTAND SUCH INFORMAT SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.	1PLAINT AND ON MAY BE
Complete and Class Add Complete Complete	
TATE OF SOUTH CAROLINA) VERIFICATION Complainant's Signature* (MUST BE SIGNE) VERIFICATION	, DO NOT PRINT)
COUNTY OF Richland	
Jorondo M. Vounnes	
Lorenda M. Younger Complainant's Name * verify that I have read my complaint filed on Date *	rnal Use Only
Proces	ed By Date
nd know the contents thereof, and that said contents are true. Complainant's Signature * (MUST BE SGNET) DO NOT PRINT	***************************************



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/No

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COMMISSIONERS

Andrew Smalls
Columbia Sc 29229

Dear Andrew Smalls,

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Sincerely, Becky Latimer

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Date*: 01/14/2020	ÔR.
Complainant or Legal Representative Information: * Required Fields	PRO
Name * Andrew Snaus Firm (if applicable)	PRÓCESS
Mailing Address *	SING
City, State Zip * Columbia SC Phone *	- 2020 January
Name of Utility Involved in Complaint: * Palmetto Utilities	Uar Var
Type of Complaint (check appropriate box below.) * □ Billing Error/Adjustments □ Deposits and Credit Establishment □ Wrong Rate □ Refusal to C□ Disconnection of Service □ Payment Arrangements □ Water Quality □ Line Extens □ Service Issue □ Meter Issue □ Other (be specific) Increase in monthly rate from \$52.10 to \$66.62	onnect Service
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January 22, 2020

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Crystal K. Strong

Columbia, SC 29229

Dear Crystall Strong,

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Complainant or	Legal Representative Information: *Required Fields	·
Name *	Crystal K. Strong	CE
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Mailing Address *		- Z G
City, State Zip *	Columbia SC Phone *	į I
E-mail		2020
	Involved in Complaint: * Palmetto Utilities	× * * · · · · · · · · · · · · · · · · ·
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Type of Complai Billing Error/A Disconnection Service Issue Other (be speci	of Service Payment Arrangements Water Quality Line Extens Meter Issue ific) Increase in monthly rate from \$52.10 to \$66.62	onnect Service
Have you contacte	ed the Office of Regulatory Staff (ORS)? * Yes No ORS Contact:	- S
Canaisa Statama	ent of Facts/Complaint: * (This section must be completed. Attach additional information to this page if	lecessary.)
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STATE OF SOUTH COUNTY OF Ric	·	, DO NOT PRINT)
I, Crystal K. Str	Jainant's Name *	ernal Use Only
·	nts thereof, and that said contents are true. Complainant's lighture * (MUST/BE SIGNED, DO NOT PRINT) H.E.	sed By Date